

Declaration and Power of Attorney for Patent Application

Erklärung für Patentanmeldungen mit Vollmacht

German Language Declaration

Als nachstehend benannter Erfinder erkläre ich hiermit an Eides Statt:

daß mein Wohnsitz, meine Postanschrift und meine Staatsangehörigkeit den im nachstehenden nach meinem Namen aufgeführten Angaben entsprechen, daß ich nach bestem Wissen der ursprüngliche, erste und alleinige Erfinder (falls nachstehend nur ein Name angegeben ist) oder ein ursprünglicher, erster und Miterfinder (falls nachstehend mehrere Namen aufgeführt sind) des Gegenstandes bin, für den dieser Antrag gestellt wird und für den ein Patent für die Erfindung mit folgendem Titel beantragt wird:

Speicherspeicher auf der
Basis eines Hochfrequenzplasmas

deren Beschreibung hier beigelegt ist, es sei denn (in diesem Falle Zutreffendes bitte ankreuzen), diese Erfindung

☒ wurde angemeldet am 13th May 2003
unter der US-Anmeldenummer oder unter der
Internationalen Anmeldenummer im Rahmen des
Vertrags über die Zusammenarbeit auf dem Gebiet
des Patentwesens (PCT)
_____ und am
_____ abgeändert (falls
zutreffend).

Ich bestätige hiermit, daß ich den Inhalt der oben angegebenen Patentanmeldung, einschließlich der Ansprüche, die eventuell durch einen oben erwähnten Zusatzantrag abgeändert wurde, durchgesehen und verstanden habe.

Ich erkenne meine Pflicht zur Offenbarung jeglicher Informationen an, die zur Prüfung der Patentfähigkeit in Einklang mit Titel 37, Code of Federal Regulations, § 1.56 von Belang sind.

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which is attached hereto unless the following box is checked:

☐ was filed on _____
as United States Application Number or PCT
International Application Number
_____ and was amended on
_____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: 				OR <input checked="" type="checkbox"/> Correspondence address below (Assignee)	
Name Donna Jane Cadell					
Address P.O. Box 531					
City Seabrook		State NH		ZIP 03874	
Country USA		Telephone 1-603-661-4598		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Dietmar			Family Name or Surname Dreyer		
Inventor's Signature <i>D.G.</i>				Date 10 Dec 2003	
Residence: City Stuttgart		State BW		Country Germany	
				Citizenship German	
Mailing Address Im Kaisertor 9, 70191 Stuttgart					
City		State		ZIP	
				Country	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
				Citizenship	
Mailing Address					
City		State		ZIP	
				Country	



Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional)
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Donna J. Cadell PO Box 531 Seabrook NH 03874</u></p> <p>and the title of my position with said assignee is: _____</p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor <u>Dietmar Dreyer</u>	Citizenship <u>Germany</u>	
Residence/Mailing Address <u>Im Leisener 9, 70191 Stuttgart</u>		
Inventor _____	Citizenship _____	
Residence/Mailing Address _____		
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>103 22 367.3</u>	Date of Patent Issued _____	
Title of Invention <u>Speicherbatterie auf der Basis einer Hochfrequenzplasma</u>		
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p>_____</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>		

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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